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Bib Data Sheet

CONFIRMATION NO. 2807

SERIAL NUMBER 09/663,501	FILING DATE 09/15/2000 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. 450100-02714
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## APPLICANTS

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\*\* CONTINUING DATA *Name AH*

\*\* FOREIGN APPLICATIONS *Yes AH*  
 JAPAN 11-263641 09/17/1999

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 11/02/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	<i>Final</i> <i>AM</i>		
Examiner's Signature	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
JAPAN	12	11	7

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## TITLE

Broadcast program information processing apparatus

FILING FEE RECEIVED 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT. No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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